

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

218972

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 135 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Antonio M. Brown

Telephone: (803) 261-4751

Address: P.O. Box 5704

Fax: (803) 701-3295

Columbia, SC 29250

Other:

Email: info@advancealcservicesinc.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate

RECEIVED

MAR 25 2009

PSC SC
DOCKETING DEPT.

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate Increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED

MAR 19 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

DMS

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

CLASS C - NON-EMERGENCY

DATE March 6, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Advanced Care Services, Inc.

2. (a) Street Address of Applicant

1815 GERVAIS STREET

Columbia, SC 29201

- (b) Mailing address, if different from street address

P.O. BOX 5704

Columbia, SC 29250

- (c) Telephone Number (803) 261-4751

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: 8,537.63 Year: 2009

Assets:	
Cash	\$12,000.00
Receivables	787.00
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	\$15,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	500.00
Supplies on Hand	\$200.00
Prepays and Other Assets	0
Total Assets	\$28,487.00
Liabilities and Equity:	
Accounts Payable	\$350.00
Notes Payable	\$100.00
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	\$240.00
Other Liabilities	0
Total Liabilities	\$690.00
Capital Stock	0
Retained Earnings	0
Total Equity	\$0.00
Total Liabilities and Equity	\$690.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, R.103-100 through R.103-241 of the Commission's Rules and Regulations (1976), and R.38-400 through R.38-503 of the Department of Public Safety's 123A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises

STATE OF SOUTH CAROLINA,

COUNTY OF _____

I, Antonio Brown St. owner
 (Name of Applicant's Representative) (Title)
 of Advanced CME Services, Inc. the Applicant for the Certificate
 of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements made are true and correct.

SWORN TO BEFORE ME

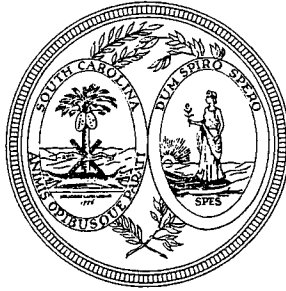
At _____
 This the 9th day of March 2009
James Smith
 (Notary Public)

Antonio Brown
 (Signature of Applicant's Representative)

Commission Expires: October 8, 2013

Antonio Brown
your name here

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Authorization

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

ADVANCED CARE SERVICES, INC.,
a corporation duly organized under the laws of the state of **ILLINOIS** and issued a certificate of authority to transact business in South Carolina on **November 25th, 2008**, has on the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that its authority to transact business in South Carolina is subject to being revoked pursuant to Section 33-15-310 of the 1976 South Carolina Code, and no application for surrender of authority to do business in South Carolina has been filed in this office as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
25th day of November, 2008.

A handwritten signature in cursive script that reads "Mark Hammond".

Mark Hammond, Secretary of State

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Antonio M. Brown

For the transportation of passengers as follows:

Area to be served: South Carolina / statewide authority

Number of passengers: 7

Fares: \$ 5 per mile (maximum)

Date 3/6/09

AtB

By

SC owner

Title

Rev. 8/00

DESCRIPTION OF EQUIPMENT

5

INSURANCE QUOTE

The following insurance quote is for:

Advanced Care Services

(Name of Motor Carrier)

P.O. Box 5704 Columbia, SC 29250

(Address of Motor Carrier)

*Note: Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
- b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance \$2895.00

The above quoted premiums are for a term of 12 months.

National Casualty Co.

(Insurance Company Name)

Madison, WI

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

March 16, 2009

Date

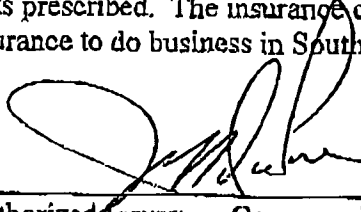

(Authorized Insurance Company Representative)

EXHIBIT FWAName: Antonio BrownAddress: P.O. Box 5704 Columbia, SC 29250Telephone No. (803) 261-4751 Fax No. (800) 701-3295

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)
 (If "yes", indicate rating and provide copy) Satisfactory _____
 Conditional _____
 Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?


Yes _____ No X
 (If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

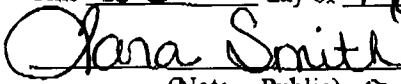
Yes X No _____
 (The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


 (Applicant's Signature)

Sworn to before me

At _____

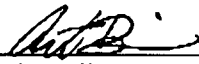
This 25 day of March, 2009


 (Notary Public)

Commission Expires: October 8, 2013

APPLICANT'S OATH


I, Amnis Brown, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)


(Applicant's Signature)

Sworn to before me

At _____

This 9th day of March, 2009


(Notary Public)

Commission Expires: October 8, 2013